

10/517878
PCT

From the RECEIVING OFFICE

To:

Honore, Anne-Claire
KODAK INDUSTRIE
Département Brevets
CRT - Zone Industrielle
F-71102 CHALON SUR SAONE CEDEX
FRANCE

NOTIFICATION OF THE INTERNATIONAL
APPLICATION NUMBER AND OF THE
INTERNATIONAL FILING DATE

(PCT Rule 20.5(c))

Date of mailing
(day/month/year)

23. 06. 2003

Applicant's or agent's file reference
83524

IMPORTANT NOTIFICATION

International application No.
PCT/EP 03/ 06007

International filing date (day/month/year)
07/06/2003

Priority date (day/month/year)
24/06/2002


Applicant
EASTMAN KODAK COMPANY

Title of the invention

1. The applicant is hereby notified that the international application has been accorded the international application number and the international filing date indicated above.
2. The applicant is further notified that the record copy of the international application was transmitted to the International Bureau on the above date of mailing.

3. ☐ Other: _____

* The International Bureau monitors the transmittal of the record copy by the receiving Office and will notify the applicant (with Form PCT/IB/301) of its receipt. Should the record copy not have been received by the expiration of 14 months from the priority date, the International Bureau will notify the applicant (Rule 22.1(c)).

Name and mailing address of the Receiving Office
 European Patent Office, P.B. 5818 Patentlaan 2
NL-2280 HV Rijswijk
Tel. (+31-70) 340-2040
Fax: (+31-70) 340-3016

Authorized officer S.O. RASMUSSEN

Signature

PC

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

| | |
|--|-------------|
| For receiving Office only | |
| PCT/EP 03 / 000 07 | |
| International Application No. | |
| (07.06.03) | 07 JUN 2003 |
| International Filing Date | |
| EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION | |
| Name of receiving Office and "PCT International Application" | |
| Applicant's or agent's file reference (if desired) (12 characters maximum) 83524. | |

| | |
|---|---|
| Box No. I TITLE OF INVENTION DEVELOPER CONCENTRATE FOR BLACK AND WHITE DEVELOPMENT OF PHOTOGRAPHIC MATERIALS | |
| Box No. II APPLICANT <input type="checkbox"/> This person is also inventor | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) EASTMAN KODAK COMPANY 343 State Street Rochester, New York 14650 United States of America | Telephone No. 585-724-4000 Facsimile No. 585-588-7413 Teleprinter No. Applicant's registration No. with the Office |
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) ROUSSILHE Jacques KODAK INDUSTRIE Département Brevets CRT - Zone Industrielle F-71102 CHALON SUR SAONE CEDEX FR | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| State (that is, country) of nationality: FR | State (that is, country) of residence: FR |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE, OR ADDRESS FOR CORRESPONDENCE | |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HONORE Anne-Claire KODAK INDUSTRIE Département Brevets CRT - Zone Industrielle F-71102 CHALON SUR SAONE CEDEX FR | Telephone No. (33) 3 85 99 71 43 Facsimile No. (33) 3 85 99 10 11 Teleprinter No. Agent's registration No. with the Office |
| <input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. | |

Sheet No. ... 2 ...

| | |
|--|---|
| Continuation of Box No. III OTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR | |
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i> | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) TSOI Siu Chung KODAK LIMITED Patent Department Headstone Drive HARROW, Middlesex HA1 4TY GB | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| State (that is, country) of nationality: GB | State (that is, country) of residence: GB |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HOFFMANN Andrew, Francis EASTMAN KODAK COMPANY Patent Department 343 State Street ROCHESTER, New York 14650 US | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| State (that is, country) of nationality: | State (that is, country) of residence: |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| State (that is, country) of nationality: | State (that is, country) of residence: |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet. | |

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SC Seychelles |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CN China | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LV Latvia | |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> NO Norway | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> GD Grenada | | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GE Georgia | | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|---|--|
| | | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office |
| item (1) 24 June 2002 (24.06.2002) | 0207768 | FR | | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

24 June 2002 (24.06.2002)

0207768

FR


Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Sheet No. 5

| Box No. IX CHECK LIST; LANGUAGE OF FILING | | |
|---|---|------------------------|
| <p>This international application contains:</p> <p>(a) in paper form, the following number of sheets :</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 21</p> <p>claims : 4</p> <p>abstract : 1</p> <p>drawings : 2</p> <p>Sub-total number of sheets : 33</p> <p>sequence listings : :</p> <p>tables related thereto : :</p> <p>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</p> <p>Total number of sheets : 33</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listings:</p> <p><input type="checkbox"/> tables related thereto:</p> <p>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</p> | <p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet : 1</p> <p>2. <input type="checkbox"/> original separate power of attorney : :</p> <p>3. <input type="checkbox"/> original general power of attorney : :</p> <p>4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: (831) : 1</p> <p>5. <input type="checkbox"/> statement explaining lack of signature : :</p> <p>6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 1 : 1</p> <p>7. <input type="checkbox"/> translation of international application into (language): : :</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : :</p> <p>9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : :</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : :</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column : :</p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : :</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : :</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : :</p> <p>11. <input type="checkbox"/> other (specify): : :</p> | <p>Number of items</p> |
| <p>Figure of the drawings which should accompany the abstract: None</p> | <p>Language of filing of the international application: English</p> | |
| <p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> | | |
| <div style="text-align: center;">  Anne-Claire HONORE </div> | | |
| <p style="text-align: center;">For receiving Office use only</p> | | |
| <p>1. Date of actual receipt of the purported international application: (07.06.03) 07 JUN 2003</p> | <p>2. Drawings:</p> <p><input checked="" type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p> | |
| <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> | <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> | |
| <p>5. International Searching Authority (if two or more are competent): ISA /</p> | <p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.</p> | |
| <p style="text-align: center;">For International Bureau use only</p> | | |
| <p>Date of receipt of the record copy by the International Bureau:</p> | | |